

09-27-02

AF \$
2700

PTO/SB/21 (08-00)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

O.I.P.E. JCI SEP 25 2002 PATENT & TRADEMARK OFFICE (may be used for all correspondence after initial filing)	TRANSMITTAL FORM	
	Application Number	09/497,292
	Filing Date	02/03/2002
	First Named Inventor	Michael A. Marino, Jr.
	Group Art Unit	2631
Total Number of Pages in This Submission		3
Examiner Name		Kevin M. Burd
Attorney Docket Number		SARA.1090

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	check
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	RECEIVED
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	OCT 01 2002
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		Technology Center 2600

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MURPHEY & MURPHEY, A.P.C.
Signature	John J. Murphey
Date	09/24/02

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 09/24/02

Typed or printed name	Lois Murphey	EV213584371US
Signature	Lois Murphey	
Date	09/24/02	

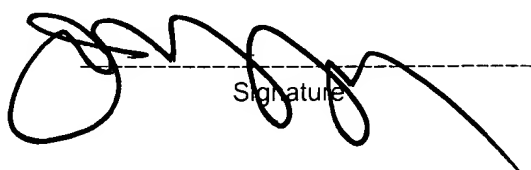
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



#19
10/2/02

PTO/SB/31 (02-01)
Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) SARA,1090	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Assistant Commissioner for Patents, Washington D.C. 20231" on <u>09/24/02</u> Signature <u>Lois Murphey</u> Typed or printed name <u>Lois Murphey</u>		In re Application of Michael A. Marino, Jr.	
		Application Number 09/497,292	Filed 02/03/2002
		For System & Method for Measuring RF Radiated Emissions in the Presence of Strong Ambient	
		Group Art Unit 2631	Examiner Kevin M. Burd Signals
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.			
The fee for this Notice of Appeal is (37 CFR 1.17(b)) <u>\$320.00</u>			
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: <u>\$160.00</u>			
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.			
<input type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. _____ I have enclosed a duplicate copy of this sheet.			
<input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
I am the			
<input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
<input checked="" type="checkbox"/> attorney or agent of record.			
<input type="checkbox"/> attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____			
		 Signature	
		John J. Murphey Typed or printed name	
		09/24/02 Date	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
<input type="checkbox"/> *Total of <u>1</u> forms are submitted.			

RECEIVED

OCT 01 2002

Technology Center 2600

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

09/30/2002 WRBDELRI 00000077 09497292 160.00 DP 01 FC:219

FEE TRANSMITTAL for FY 2002

SEP 25 2002

PATENT & TRADEMARK OFFICE

Patent fees are subject to annual revision.

AMOUNT OF PAYMENT

(\$ 160.00

Complete if Known

Application Number	09/497,292
Filing Date	02/03/2002
First Named Inventor	Michael A. Marino, Jr.
Examiner Name	Kevin M. Burd
Group Art Unit	2631
Attorney Docket No.	SARA.1090

METHOD OF PAYMENT

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number
Deposit Account Name

- ☐ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit card ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
101 740	201 370	Utility filing fee
106 330	206 165	Design filing fee
107 510	207 255	Plant filing fee
108 740	208 370	Reissue filing fee
114 160	214 80	Provisional filing fee

Fee Paid

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Total Claims -20** = X =
Independent Claims -3** = X =
Multiple Dependent =

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
105 130	205 65	Surcharge - late filing fee or oath
127 50	227 25	Surcharge - late provisional filing fee or cover sheet
139 130	139 130	Non-English specification
147 2,520	147 2,520	For filing a request for ex parte reexamination
112 920*	112 920*	Requesting publication of SIR prior to Examiner action
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action
115 110	215 55	Extension for reply within first month
116 400	216 200	Extension for reply within second month
117 920	217 460	Extension for reply within third month
118 1,440	218 720	Extension for reply within fourth month
128 1,960	228 980	Extension for reply within fifth month
119 320	219 160	Notice of Appeal
120 320	220 160	Filing a brief in support of an appeal
121 280	221 140	Request for oral hearing
138 1,510	138 1,510	Petition to institute a public use proceeding
140 110	240 55	Petition to revive - unavoidable
141 1,280	241 640	Petition to revive - unintentional
142 1,280	242 640	Utility issue fee (or reissue)
143 460	243 230	Design issue fee
144 620	244 310	Plant issue fee
122 130	122 130	Petitions to the Commissioner
123 50	123 50	Processing fee under 37 CFR 1.17(q)
126 180	126 180	Submission of Information Disclosure Stmt
581 40	581 40	Recording each patent assignment per property (times number of properties)
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))
179 740	279 370	Request for Continued Examination (RCE)
169 900	169 900	Request for expedited examination of a design application

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 160.00

RECEIVED
OCT 01 2002
Technology Center 2600

160.00

SUBMITTED BY

Name (Print/Type)	John J. Murphey	Registration No. (Attorney/Agent)	24,896	Complete (if applicable)	Telephone	760-431-0091
Signature				Date	09/24/02	

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.